D/R		

Milwaukee County District Attorney CONSUMER FRAUD OFFICE

Safety Building, Room 405 821 West State Street Milwaukee, WI 53233 Tele: (414) 278-4585

N 1 -			- 1
No.			

PLEASE PRINT OR TYPE

** PLEASE PRINT OR TYPE**

PERSON COMPLAINED AGAINST					
NAME					
Name of Owner (s)					
PHYSICAL DESCRIPTION AGE: MEIGHT MEIGHT PAGE	CEVA HAID COLOR	D. D. D.			
AGE: HEIGHT: WEIGHT: RACE: ADDRESS:	SEX: HAIR COLOR	R: EYES:			
ADDRESS.					
CITY:		ZIP CODE:			
PERSON COMPLAIN	IING				
NAME	DOB				
HOME ADDRESS	HOME TELEPHONE				
Сіту	STATE	ZIP			
VITAL INFORMATION FOR ALL (COMPLAINTS				
Product or service involved					
Address of original transaction or contractual agreement					
Date of transaction Have you told person/busin	ess of your complaint				
Price Amount of money paid to date					
Date, address and amount of each payment					
Sales person(s) you dealt with					
Was a contract signed Have you had correspondence with person/business					
Was the purchase price financed					
VITAL INFORMATION FOR HOME CONSTRUCTION AND IMPROVEMENT COMPLAINTS					
Address of job					
Promised starting date Date w	ork actually started				
Promised completion date	Date work stopped				
Did contractor stop work on his own or was he fired					
Percentage of job completed Did you	u make a demand for refund of mor	ney			
When Are there any unpaid subcontractor that filed lien notices					
(If yes, list name, address phone and amount owed in The Substance of Your Complaint section.)					

THE SUBSTANCE OF YOUR COMPLAINT				
Use additional paper, if necessary. List each fact in the <u>order</u> in A ttach <u>copies</u> of all <u>contracts</u> , <u>cancelled checks</u> and writings v type.	WHICH EACH FACT OCCURRED. INCLUDE DATES (OR APPROXIMATE DATES).			
STATE IN ONE SENTENCE THE EXACT RELIEF YOU DESIRE:				
1				
Signature	Date			